

Express Mail Label No. EL966216639US

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 1700.00

**Complete if Known**

Application Number	10/823,128
Filing Date	April 13, 2004
First Named Inventor	Jonathan S. Stinson
Examiner Name	Suzette Jaime J Gherbi
Art Unit	3738
Attorney Docket No.	23,369-165

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: 12-0449 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Issue Fee (\$1400) and publication fee (\$300)

**Fees Paid (\$)**

1700.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 27,717	Telephone 952-896-1574
Name (Print/Type)	Frederick W. Niebuhr		Date September 19, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Express Mail Label  
No. EL966216639US

Patent Application

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. of: Stinson, Jonathan S.

Art Group: 3738

Ser. No.: 10/823,128

Examiner: Suzette Jaime J.  
Gherbi

Filed: April 13, 2004

Atty. Docket: 23,369-165

For: Bioabsorbable Self-Expanding Stent

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TRANSMITTAL OF ISSUE FEE

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed herewith are the following items:

1. Completed Issue Fee Transmittal form PTOL-85(b) for the above-captioned patent application;
2. Fee Transmittal for FY2005;
3. Check in the amount of \$1700.00 as payment of the issue fee (\$1400.00) and the publication fee (\$300.00);
4. Change of Correspondence Address (Form PTO/SB/122); and
5. Return Receipt Postcard.

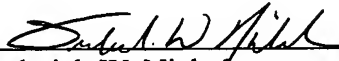
Please charge any additional fees necessitated by this correspondence, or credit any overpayment, to Deposit Account No. 12-0449.

Any questions or comments regarding this transmittal may be directed to Frederick W. Niebuhr  
at 952-896-1574.

Respectfully submitted,

Jonathan S. Stinson

Date: September 19, 2005

By:   
Frederick W. Niebuhr  
Registration No. 27,717  
Customer No. 23452

#### CERTIFICATE OF EXPRESS MAILING

Pursuant to 37 C.F.R. § 1.10, I hereby certify that the foregoing Transmittal of Issue Fee, completed Form PTOL-85(b), Fee Transmittal for FY2005, check in the amount of \$1700.00, and Change of Correspondence Address (Form PTO/SB/122) in Application Serial No. 10/823,128 are being deposited with the U.S. Postal Service by "Express Mail Post Office to Addressee" service, addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, as of the date and under the mailing label indicated below:

Date of Deposit: September 19, 2005  
Express Mail Mailing Label No. EL966216639US

  
Geraldyn M. Vita

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